

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

**AFTER 1ST
AMENDMENT**

**AFTER 2ND
AMENDMENT**

	IND	DEP	IND	DEP	IND	DEP
1	/					
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TOTAL IND.	3					
TOTAL DEP.	4					
TOTAL CLAIMS	7					

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